

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	1					
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35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51	1			
52	1			
53	1			
54	1			
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88				
89				
90				
91				

15	1		
46	1		
47	1		
48	1		
49			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			